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10/730,873	12/09/2003 RULE	607	3766	1023-332US01

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**** CONTINUING DATA *******
 This appln claims benefit of 60/431,854 12/09/2002 and claims benefit of 60/471,262 05/16/2003
 and claims benefit of 60/503,945 09/20/2003
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**** FOREIGN APPLICATIONS *******
 none - 07/07/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 03/10/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: 07/07/06 Initials:	STATE OR COUNTRY MN	SHEETS DRAWING 12	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 4
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ADDRESS
 28863

TITLE
 Overmold for a modular implantable medical device

FILING FEE RECEIVED 1774	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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